



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-7863 or (573) 751-0051

**APPLICATION FOR INITIAL/RENEWAL/REACTIVATION/EXTENSION OF MISSOURI CAREER
EDUCATION CERTIFICATE (STUDENT SERVICES)**

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		ALL OUT-OF-STATE APPLICANTS MUST ATTACH A \$50 CHECK OR MONEY ORDER (Made Payable to Treasurer, State of Missouri)	
CURRENT NAME (LAST, FIRST, MI)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS (HOME)			
CITY, STATE ZIP CODE			
EMAIL			
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H () W ()	

B. PURPOSE OF APPLICATION: Please check the appropriate box (es).

1. Area of Certification:

- ☐ Vocational Adult Supervisor
☐ Postsecondary Vocational Counselor
☐ Vocational Placement Coordinator
☐ Vocational Evaluator

2. I am requesting a(n):

- ☐ Initial Certification *(Complete section C below)*
☐ Renewal *(Complete section D below)*
☐ Reactivation *(Complete section D below)*
☐ Extension *(Complete section D below)*

IMPORTANT:

Please attach official copies of transcripts to verify all college coursework. The *Compendium of Missouri Certification Requirements* can be viewed at:

<http://dese.mo.gov/schoollaw/rulesregs/pending/CompendiumPage.html>

C. EDUCATIONAL DATA: List high schools, colleges and universities, in order of attendance; ALL degrees must be included.
ONLY INITIAL APPLICANTS NEED TO COMPLETE THIS SECTION

HIGH SCHOOL, COLLEGE, OR UNIVERSITY	CITY/STATE	DEGREE/CERT & YEAR AWARDED	MAJOR

D. RENEWAL/EXTENSION/REACTIVATION APPLICANTS: Please list all professional development activities you have completed during your certificated period toward your renewal requirements.

E. PROFESSIONAL CONDUCT (ALL QUESTIONS MUST BE ANSWERED)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor, whether or not sentence was imposed or suspended? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever resigned, been restricted, disciplined, resigned or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge? | <input type="checkbox"/> | <input type="checkbox"/> |

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

F. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the State of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE**DATE****SECTION II: TO BE COMPLETED BY EMPLOYER****A. Verification of approved teaching experience.**

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s) _____ years _____ months

Total teaching experience at this district _____ years _____ months

Total approved teaching experience _____ years _____ months

B. Verification of employment.

I verify that _____ has provided documentation for all of the above and the information is true and complete to the best of my knowledge.

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP

PHONE

EMAIL

NAME OF DESIGNATED OFFICIAL

POSITION HELD

SIGNATURE OF DESIGNATED OFFICIAL

DATE

PLEASE RETURN THIS FORM TO:
MISSOURI DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION
EDUCATOR CERTIFICATION
PO BOX 480
JEFFERSON CITY, MO 65102-0480
<http://dese.mo.gov>